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### **Governor Baker Files Landmark Substance Use Legislation**

*Bill Boosts Opioid Education, Tightens Prescribing, and Adds Pathway to Treatment*

**BOSTON** – Continuing the series of initiatives to combat the opioid epidemic, Governor Baker today unveiled [legislation](#) to provide medical personnel with the power to intervene with patients suffering from addiction, control the spread of addictive prescription opioids and increase education about substance use disorder (SUD) for providers and in the community. The bill, titled “An Act Relative to Substance Use Treatment, Education and Prevention,” contains several additional provisions developed by the Governor’s Opioid Working Group to address prevention, intervention, treatment and recovery.

“Combatting the opioid epidemic in the Commonwealth calls for a comprehensive approach, and filing today’s landmark legislation is a critical step toward creating more effective treatment pathways and better controlling opioid prescribing practices for first-time patients,” **said Governor Charlie Baker**. “Our administration has already implemented a series of the Working Group’s recommendations to tackle this epidemic from every angle, ranging from prevention to recovery support.”

This bill calls for new requirements for practitioners, educators and communities and amends the civil commitment statute, section 35, to specify that women committed for substance use treatment may be sent to new secure treatment units approved by the Departments of Public Health (DPH) and Mental Health (DMH) and ends the practice of sending women to MCI Framingham for treatment. Further, medical professionals will be granted the authority to involuntarily commit an individual for

treatment for 72 hours if they pose a danger to themselves or others. Currently, individuals suffering from substance-use disorders can only be held for treatment through an order from the courts, which are not always in session, limiting access for families and patients in need of a 24 hour “front door” to treatment for a substance-related emergency.

To better control opioid prescribing practices, this legislation contains a provision limiting patients to a 72-hour supply the first-time they are prescribed an opioid or when they are prescribed an opioid from a new doctor. Practitioners will also be required to always check the Prescription Monitoring Program (PMP) prior to prescribing an opioid to a patient, and will be required to fulfill five hours of training on pain management and addiction every two years.

“Our administration is utilizing every tool in the toolbox to fight the opioid crisis tainting every corner of the Commonwealth,” **said Lt. Governor Karyn Polito.** “Filing today’s bill serves as the latest call to action to execute a dynamic strategy and we look forward to working with the legislature to enact meaningful laws to help our citizens.”

Governor Baker and Health and Human Services Secretary Marylou Sudders announced the landmark legislation at a State House press conference, joined by Department of Public Health Commissioner Monica Bharel and members of the Working Group, including Dr. Sarah Wakeman.

“Since the Working Group’s Action Plan was made public in June, we have expanded treatment services, eliminated insurance barriers and worked to increase education for students, parents, and faculty, broadened public awareness of the crisis and expanded access to life-saving Narcan,” **said Marylou Sudders, Secretary of the Executive Office of Health and Human Services and Chair of the Opioid Working Group.** “This legislation will allow us to continue progress in order to bend the trend of overdoses and addiction that is devastating individuals, families and our communities.”

“Addiction is a disease that is caused by a mix of genetics and exposure,” **said Dr. Sarah Wakeman, a member of the Opioid Working Group.** “As physicians, legislators and community members we cannot change people's genetics but we can begin to work on the exposures that leave individuals vulnerable to this deadly disease.”

In June, the 18-member Working Group released 65 recommendations, including short and long term action items, to be implemented over the next three years. While some require legislative action, other reforms require funding or can be

achieved through partnerships with private industry and federal leaders.

Already, the Baker-Polito Administration signed a budget to allocate more than \$114 million in spending for substance misuse prevention, education and treatment, increased bulk purchasing of Narcan in municipalities and changed reporting requirements for the Prescription Monitoring Program from 7 days to 24 hours. Further, 113 treatment beds have opened in six communities (Quincy, Princeton, New Bedford, Boston, Westborough, Fall River) with more expected in Greenfield this winter. The administration named a Drug Formulary Commission to look at the safety, effectiveness and cost of abuse deterrent pain medications, met with the Mass Medical Society and state medical deans and issued best practices guidelines for opioid prescribing. In June, the administration also launched a series of multi-media public service announcements to warn the Commonwealth of opioid use, and plans to unveil a new public campaign to tackle the stigma of addiction soon.

A full update on the Governor's Opioid Working Group progress can be found at: [www.mass.gov/stopaddiction](http://www.mass.gov/stopaddiction).

#### **Key Provisions In The Act Relative to Substance Use Treatment, Education and Prevention (STEP):**

- **Limits Prescribing Practices for First-Time Opioid Prescriptions:**
  - o The first time a patient obtains a prescription for an opioid or when they see a new doctor, the patient will be limited to a 72-hour supply.
  - o This section provides an exception for emergency situations and permits the Department of Public Health to identify additional exceptions to the 72-hour limit.
- **Allows Clinicians to Treat and Assess Patients for 72-hours:**
  - o Creates a new pathway for treatment of individuals with substance abuse disorder by allowing clinicians to retain a patient for 72-hours so they can attempt to engage the patient in voluntary treatment or seek court ordered involuntary treatment.
  - o Instead of limiting the "front door" to obtain involuntary treatment for a substance use disorder to the court system, the bill makes hospitals as a new "front door" that can provide access to involuntary emergency treatment for an initial 72-hour period. This provision parallels existing law that permits a 72-hour period of involuntary treatment where a physician determines that a person suffers from a mental illness and poses a serious risk of harm.
- **Strengthens the Prescription Monitoring Program (PMP):** Requires every practitioner, including emergency room clinicians, to check the prescription monitoring program (PMP) prior to prescribing an opiate.

- **Mandates Controlled Substance Training for Practitioners:** Requires that practitioners who prescribe controlled substances receive five hours of training every two years related to effective pain management and the identification of patients at high risk for substance use disorder.
- **Requires Educational Training on Substance Misuse for Coaches and Parents:** All public schools subject to the Massachusetts Interscholastic Athletic Association rules are required to provide training for parents, coaches, trainers and parent volunteers, physicians and nurses on the dangers of opioid use during the annual mandatory head injury safety training program.
- **Amends the Civil Commitment Statute (Section 35 of Chapter 123 of the General Laws):**
  - o Removing the provision allowing the civil commitment of women to MCI-Framingham for substance disorder treatment.
  - o Requiring the department of public health to identify for the court the facility where a bed is available for the treatment of an individual committed under section 35;
  - o Expanding access to treatment beds by authorizing the department of mental health to identify DMH licensed beds, with enhanced security comparable to that now maintained at the Men's Addiction Treatment Center, in Brockton, and the Women's Addiction Treatment Center, in New Bedford, that are available to treat individuals with a substance use disorder who have been committed under section 35;
  - o Clarifying the executive branch's existing authority to transfer patients between facilities while the patient is committed under section 35 and receiving treatment services.
- **Requires Insurers to File Opioid Management Policies:** Mandates insurers regulated by the Division of Insurance (DOI) to file policies annually to encourage safe prescribing practices.
- **Improve Access to Recovery High Schools:** Recovery high schools (RHS) provide a safe, sober and supportive learning environment for students who have been diagnosed with a substance use disorder. Currently, students attending a RHS do not receive funding from the Commonwealth to cover transportation costs. This act requires the Department of Public Health and the Department of Elementary and Secondary Education to develop a transportation plan for students who attend a recovery high school.
- **Requires DMH and DPH to promulgate regulations related to the implementation of this act.**

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